CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF CAND	DATE: 1. COMMITTEE 2. LOBBYIST. 3
NAME OF FILING COMMITTEE, CAN	COLLA GEORGE		W
STREET ADDRESS	94 S. 9+4 St		
CHY.	79 3,9 31	STATE 0	Prince accepts
	Allentown	PA	
FILE OF PELOKI	NAME OF OFFICE SOUGHT BY CANDIDATE MAYOR OF Allen Fa	DISTRICT NO. PAR	
6TH TUESDAY 1.	Mayor of Allenta	Uli I) M S DAY YEAR S DAY SEAR S DAY S DAY SEAR S DAY S
2ND FRIDAY PRE-FRIMARY	DATES OF REPORTING PERIOD TO A CONTROL TO A	o 12 31 20	No. of the lose one.
30 pay 3. POST-PRIMARY 4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$	
PRE-ELECTION 2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABIL AT THE END OF REPORTING PER		E 2 8 1
30 DAY. POST-ELECTION.	AMENDMENT YES REPORT?	NO X	
ANNUAL X	TERMINATION		Q
REPORT /	REPORT? YES	NO	1
	REPORT? YES	IDAVIT SECTION	
PART I - If statement is filed on If statement is filed on If statement is filed on	Dehalf of a Political Committee or behalf of a Candidate, the Candid behalf of a Contributing Lobbyist,	IDAVIT SECTION Candidates's Committee, ate must sign here. the Lobbyist must sign here.	PFC.
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PART I - If statement is filed on If swear (or affirm) THAT IT EXCEED TWO HUNDRED AND SWORN IT AND SUBS DAY OF MY COMMISSION EXPIRATION MY COMMISSION EXPIRATION MY COMMISSION EXPIRATION ART IP bigh County FOR IT IP bigh County FOR IT IP BIGH COUNTY TO STATEMENT IN THE COMMISSION NUMBER 1258 142	behalf of a Political Committee or behalf of a Candidate, the Candid behalf of a Contributing Lobbyist, the AGGREGATE RECEIPTS OR DISBURSEMENTS OF FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, CRIBED BEFORE ME THIS SIGNATURE 21 SIGNATURE 22 SIGNATURE 24 DAY YR.	Candidates's Committee, ate must sign here. the Lobbyist must sign he to the BEST OF MY KNOWLEDGE AN SIGNATURE OF AREA CODE	PERSON SUBMITTING REPORT THE CONTECT AND COMPLETE. PERSON SUBMITTING REPORT THE CONTECT AND COMPLETE. PRINTED NAME DAYTIME TELEPHONE NUMBER THE CONTECT AND COMPLETE.
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